



# COMPREHENSIVE COMMUNITY PREVENTION PLAN

UPDATE: 2007

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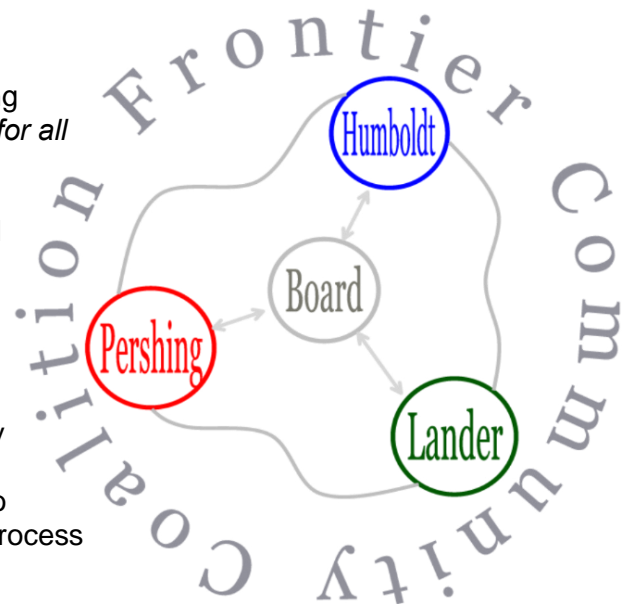
## TABLE OF CONTENTS

INTRODUCTION.....	2
THE STRATEGIC PREVENTION FRAMEWORK	
PROCESS	
STEP ONE: ASSESSMENT.....	5
STEP TWO: CAPACITY .....	12
STEP THREE: PLANNING .....	14
STEP FOUR: IMPLEMENTATION.....	15
STEP FIVE: EVALUATION .....	17
COMMUNITY CALL TO ACTION .....	18

## INTRODUCTION

Frontier Community Coalition is a community-based organization serving Humboldt, Lander, and Pershing Counties whose vision is to provide *“an opportunity for all citizens to contribute to the health and well being of our community’s youth and families”*. To this end, the efforts of Frontier are focused on preventing and reducing substance abuse and other problem behaviors in our communities.

Frontier accomplishes its vision through a community building process that includes community needs assessment, planning, community action, prevention programming, and various initiatives. Community members were introduced to prevention planning through a community building process that began in May 2001.



An eight member volunteer Board of Directors with representatives from each of the three counties served governs Frontier. The coalition consists of three Local Coalition Committees (LCCs); one located in each county. Frontier’s staff was re-organized in 2007 and now includes an Administrative Coordinator, and three Coalition Coordinators; one in each county. The agency contracts with independent providers for services such as accounting, evaluation, data administration, and other services as warranted.

The LCC structure keeps the coalition visible and accessible in each of the three counties. This structure captures the strength of the collaboration while honoring the unique qualities and diversity of each community. Participation in the coalition has fluctuated over the years and participation varies within each community. Since May 2001, over 200 community members and organizations have participated in the efforts of the coalition.

The foundation for the work of Frontier is anchored in its Comprehensive Community Prevention Plan (CCPP), which is updated at least every two years. The first CCPP was published in 2003. This document is Frontier’s 2007 CCPP for Humboldt, Lander, and Pershing Counties.

The federal Substance Abuse and Mental Health Services (SAMHSA) community mobilization tool, the **Strategic Prevention Framework** (SPF) was utilized as the basis for the planning process to complete this document. The five steps of the SPF are reflected in the CCPP and are:

- Assessment
- Capacity
- Planning
- Implementation
- Evaluation

**Step 1: Assessment** – Frontier collects existing substance abuse related data from the Youth Risk Behavior Survey (YRBS), Nevada Kids Count, and other local, state and national data. Coalition members have reviewed the data, participated in local focus group meetings, and have used this information to establish local priorities. These priorities are the focus of this CCPP and include:

- Alcohol abuse and other drug use/abuse including: Binge Drinking, Marijuana Use, and Methamphetamine Use
- Drinking and driving behaviors including: DUI, and Riding with a drunk driver

**Step 2: Capacity** – Working with community data and with the assistance of community partners, Frontier gathered information about strategies, programs, and services that exist within the community. Coalition members began this process in November 2002 and have continued to identify and review information regularly. Frontier builds capacity by effectively and strategically addressing substance abuse in its many forms.

**Step 3: Planning** – Following assessment and capacity building, Frontier, in collaboration with its partners developed a strategic plan that addresses the priorities identified in the assessment section. This plan serves as our community's prevention blueprint for action.

**Step 4: Implementation** – Frontier currently funds four evidence-based programs and one environmental strategy in Humboldt, Lander, and Pershing Counties. Additionally, Frontier collaborates with UNR Cooperative Extension to sustain Project Magic in all three counties. Frontier is continually looking at practices designed to bring the community together and spread the coalition's message. During the second quarter of 2007, Frontier expanded staffing and now has at least one Coalition staff member in each county served.

**Step 5: Evaluation** – Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices. Frontier monitors the four core measures targeted by the SPF – 30-Day Use, Age of Onset, Perception of Harm, and Perception of Parental Disapproval, and compares local data to statewide and national numbers. All programs that are funded through Frontier are evaluated using standardized instruments. The coalition itself is evaluated to ensure that it is operating efficiently and effectively, and discussions are currently taking place about the creation of a central database that will house all of the coalition's process and outcome data.

These steps are linear in that they are addressed and completed in order. These steps are cyclical in that they are repeated in the community over time. In the coming year, the plan will be used to determine the direction of prevention in Humboldt, Lander, and Pershing Counties. In order to be very clear, the CCPP concludes with a Call to Action, which is the capstone of the document.

The Call to Action essentially charges the Frontier staff, contractors, and volunteers, in concert with various sectors of the community, to implement the plan, as outlined in Section 3: Planning. Consistent and faithful implementation of the CCPP will provide Humboldt, Lander, and Pershing communities with an orderly, coherent, and strategic design that will result in *“preventing and reducing substance abuse and other problem behaviors in our communities”*.

## THE STRATEGIC PREVENTION FRAMEWORK

Frontier has structured this CCpp according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). This process enables coalitions to build the infrastructure necessary for effective and sustainable prevention.



### **Step #1: Assessment - Profile population needs, resources, and readiness to address needs and gaps**

Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process. Part of this mobilization, and a key component of SAMHSA's SPF State Incentive Grant program, is the creation of an epidemiological workgroup. The epidemiological workgroup should spearhead the data collection process and is responsible for defining the problems and the underlying factors that will be addressed in Step 4: Implementation. Assessing resources includes assessing cultural competence, identifying service gaps, and identifying the existing prevention infrastructure in the State and/or community. Step 1 also involves an assessment of readiness and leadership to implement policies, programs, and practices.

### **Step #2: Capacity - Mobilize and/or build capacity to address needs**

Capacity involves the mobilization of resources within a geographic area (state/community). A key aspect of Capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts in Steps 3-4 of the SPF. The mobilization of resources includes both financial and organizational resources as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and training. Additionally, Capacity should include a focus on sustainability as well as evaluation capacity.

### **Step #3: Planning - Develop a Comprehensive Strategic Plan**

Planning involves the development of a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address the problems identified in Step 1 of the SPF. The planning process produces Strategic Goals, Objectives, and Performance Targets as well as Logic Models and in some cases preliminary Action Plans. In addition to the Strategic Goals, Objectives, and Performance Targets, Step 3 can also involve the selection of evidence based policies, programs, and practices.

### **Step #4: Implementation - Implement evidence-based prevention programs, policies, and practices**

Implementation involves taking action guided by the Strategic Plan created in Step 3 of the SPF. If action planning, or the selection of specific policies, programs, and practices, was not part of the planning process in Step 3, it should occur in Step 4. This step also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

### **Step #5: Evaluation - Monitor, evaluate, sustain, and improve or replace those that fail**

Evaluation involves measuring the impact of the SPF and the implemented programs, policies, and practices. An important part of the process is identifying areas for improvement. Step 5 also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices. Evaluation also includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the Strategic Plan, relevant Action Plans, and measur



## Step 1: Assessment

Frontier's assessment process is a vehicle for identifying community priorities based on the collection and review of data, which define the problems, resources, and the local conditions within the tri-county area of Humboldt, Pershing and Lander County. Assessment is the first step in a process that is used to create evidence-based approaches for improving the problems, practices, and policies in our community.

Since 2001, Frontier's priorities have been defined in terms of Risk and Protective Factors with an overarching vision of *"providing an opportunity for all citizens to contribute to the health and well being of our community's youth and families"*. To date, Frontier has worked to reduce substance use/abuse by supporting programs and activities that have been shown to address these Risk and Protective Factors:

- Availability of Drugs
- Community Laws & Norms Favorable Toward Drug Use
- Family Management Problems
- Favorable Parental Attitudes & Involvement in the Problem Behavior
- Academic Failure: Late Elementary School
- Favorable Attitudes Toward the Problem Behavior
- Early Initiation of the Problem Behavior
- Strong bonds with pro-social institutions such as family, school, and religious organizations
- Adoption of conventional norms about drugs
- Strong bonds with family
- Experience of parental monitoring with clear rules of conduct and involvement
- Success in school performance
- Self-Control
- Social Coping Skills

These Risk and Protective Factors are addressed as the following priorities within the tri-county area:

### A. Priorities

- Alcohol abuse and other drug use/abuse including: Binge Drinking, Marijuana Use, and Methamphetamine Use
- Drinking and driving behaviors including: DUI, and Riding with a drunk driver

The assessment section describes the collection of data to define the problems, resources, and the local conditions within the tri-county area of Humboldt, Pershing and Lander County. This data will be used to create evidence-based approaches for addressing the problems, practices, and policies in our community. The data presented is an accumulation of data collected through the Youth Behavioral Risk Survey (YRBS), The Humboldt County School District Drug Prevention Taskforce Youth Study, The Nevada Kids Count Data Book, Humboldt County Needs Assessment, Lander County Needs Assessment, and Pershing County Needs Assessment.

The goal of using data in the assessment process is to be able to identify the priorities of the community and to review data indicators that will provide the basis for the implementation of evidence based programs, policies, and services. Through the analysis of state and local data the Frontier Community Coalition is able to identify target populations within each community. Areas that will be included in the assessment section will include individual behavior that is

related to substance abuse, community conditions and attitudes, family involvement, parental attitudes, academic influences, youth risk perceptions, and substance consumption patterns.

### B: Data Indicators

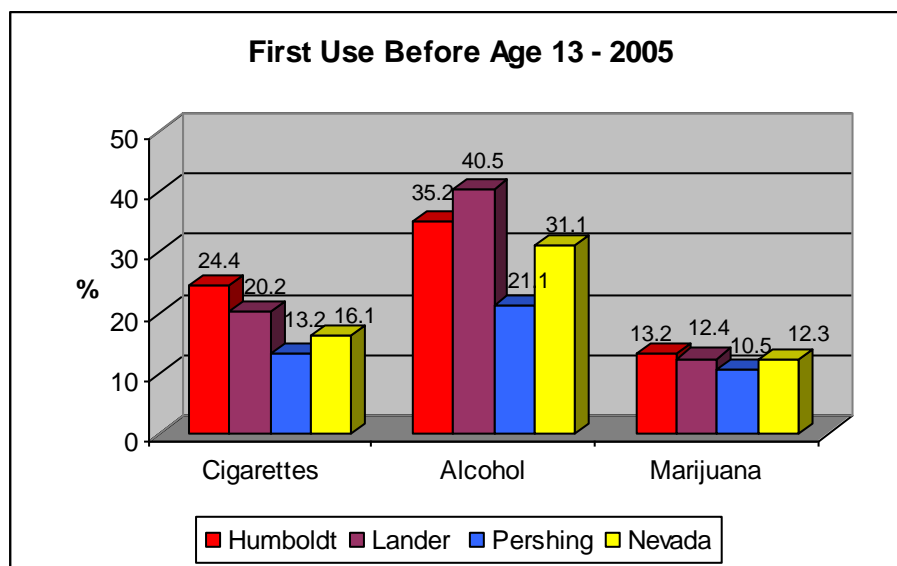
- Binge Drinking
- Perception of harm/risk
- Alcohol outlet density
- 30-Day Use
- Lifetime Use
- Age of onset
- Parental Monitoring
- Adult attitude toward behavior
- DUI Rates
- Traffic Fatalities
- School Incident Reports (alcohol and drug use on campus)

Although drinking by persons under the age of 21 is illegal, young people continue to drink almost 20% of all alcohol consumed in the United States. Alcohol use by youth is a major health concern and it is the most commonly used and abused drug among the young people throughout the United States. Under-age alcohol use is better understood if the community has an awareness of when youth begin to drink, how alcohol is obtained, and other health and community factors that might influence their drinking patterns. In addition, the earlier young people begin engaging in risky behaviors the greater likelihood they will have chronic problems with these behaviors later.

The National Center for Chronic Disease Prevention and Health reported in 2006 that teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to begin using marijuana,

and 22 times more likely to begin using other illicit drugs. The data presented in the Illustration indicates the percentage of students who smoked, had their first drink of alcohol, or tried marijuana before the age of 13. This data, as well as all subsequent data, represents Humboldt, Lander, and Pershing counties, along with state data for comparison purposes.

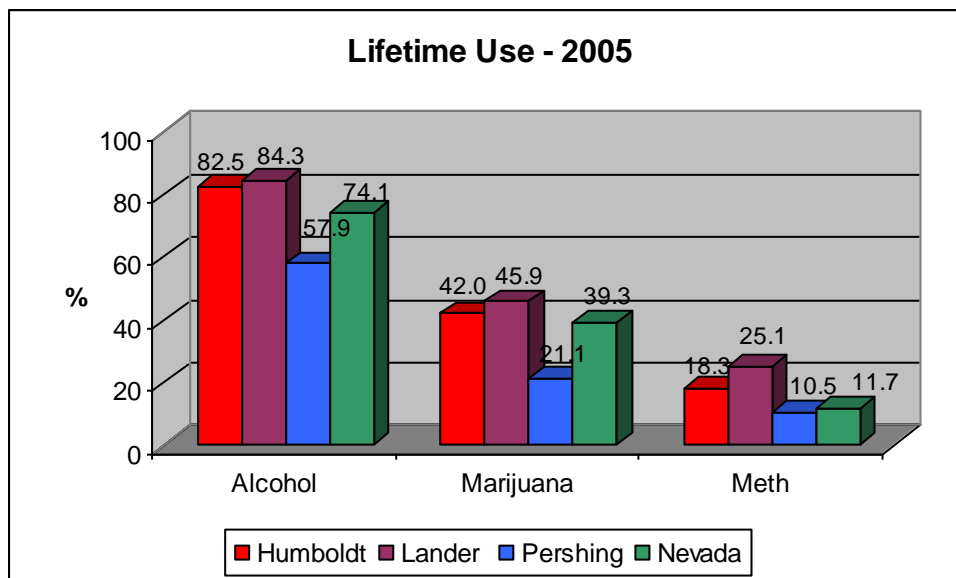
The data indicates that several of our communities have a first use rate of cigarettes, alcohol, or marijuana above the state average.



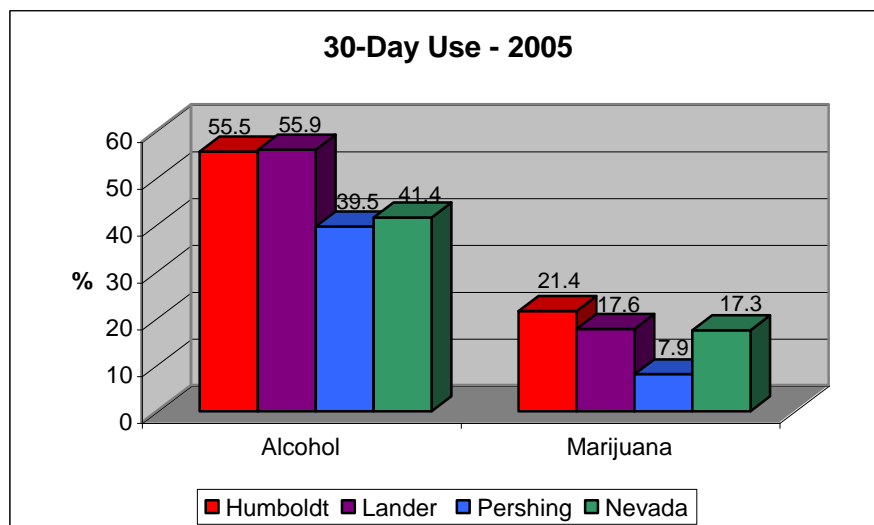
In the discussion of substance use among students, there must be a distinction made between prevalence and incidence of substance use. Prevalence of substance use is defined as any use



during the lifetime of the student, regardless of the number of occurrences. Incidence of substance use is defined as use of a substance within the last 30 days, regardless of the number of occurrences. The rate of lifetime substance use by students in Humboldt and Lander County exceeded the state reported rate for all three substances. Pershing County has slightly lower rates of lifetime substance use as reported by students in that county. The following graph illustrates reported lifetime use of alcohol, cigarettes, marijuana, cocaine, inhalants, and methamphetamines. The youth lifetime use of alcohol is an alarming 82.5% as compared to the state rate of 74.1%. The reported data provides evidence of the challenges that the tri-county area is facing with regards to alcohol, marijuana, and methamphetamine use among students.



Statewide, 41.4% of students reported using alcohol sometime in the past 30 days, compared to higher rates in Humboldt (55.5%) and Lander (55.9%). Although marijuana 30-day use rate was lower than alcohol, Humboldt County reported a use rate of 21.4%, Lander County at 17.6%, both reported rates were higher than the state use rate of 17.3%. At the present time, YRBS



studies do not report 30-day use of methamphetamines. These alarming rates are illustrated in the graph and once again provide evidence of the extreme challenges facing the tri-county area in addressing the specified priorities set forth in this document.

Reported use rates are one factor to be considered in addressing the needs of students in the tri-county area, however a complete picture of the local conditions will give

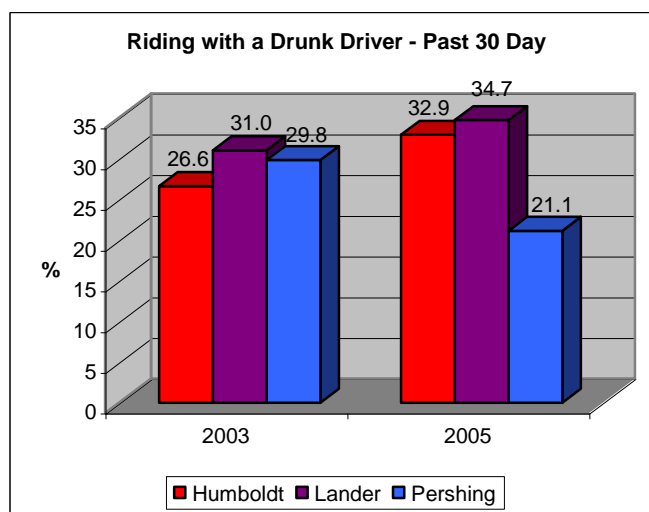
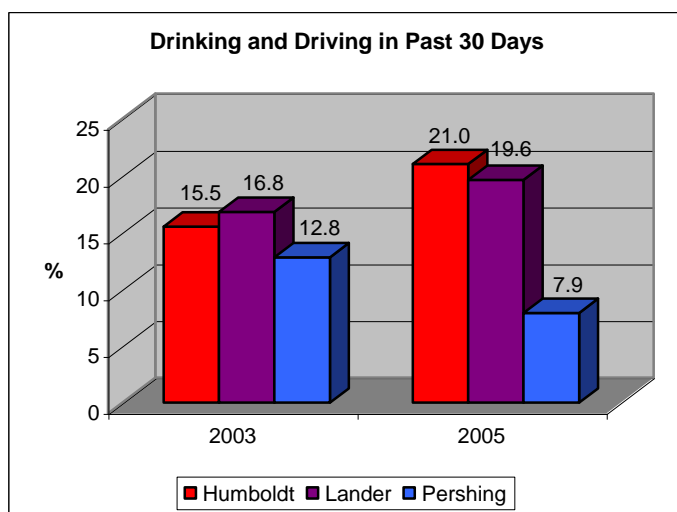


greater understanding in addressing the needs of the community. The availability of substances, community norms, attitudes, and perceptions are core measures of the community.

The more readily available alcohol, marijuana, and methamphetamines are in a community, the higher the risk that abuse will occur in that community. Perceived availability of substances is also associated with increased risk of abuse. Schools and school property can be places where young people are offered or can purchase illegal drugs and alcohol. The availability of drugs and alcohol on school property can be a disruptive and corrupting influence in the school environment. The 2005 YRBS reported that nationwide 25.4% of students had been offered, sold, or given an illegal drug by someone on school property. The nationwide incidence rate reflected a reported rate during the 12 months preceding the survey. During the same period the prevalence rate of having been offered, sold, or given an illegal drug on school property in Nevada was 32.6%, Humboldt County 32.6%, Lander 29.1%, and Pershing 31.6%. The apparent availability of drugs in the schools puts our students at high risk for abusing drugs.

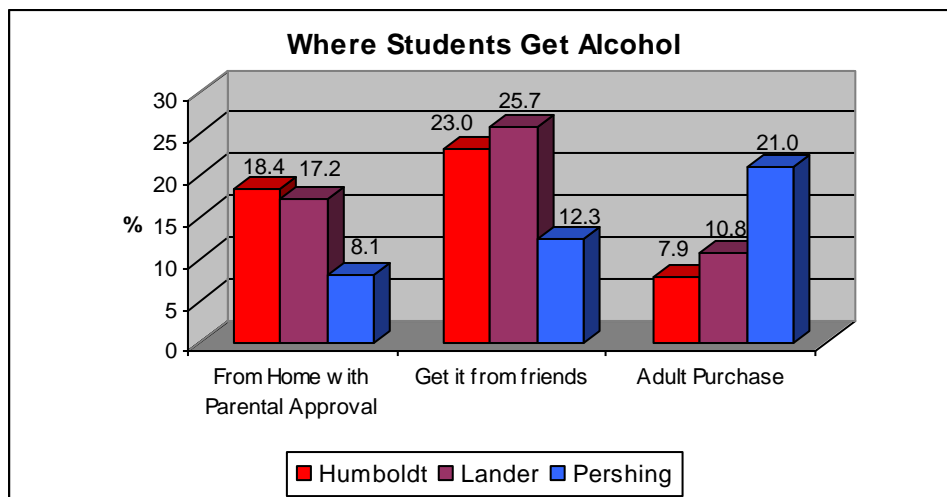
Schools are not the only place that students are able to purchase drugs and alcohol. The community itself through its community norms is a contributory factor in substance use and abuse by youth. The attitudes and policies of a community can be correlated to drug use, alcohol use, violence, and crime within the community and especially among young people. A community can communicate to its citizens in a variety of ways; through laws and written policies, informal social practices, and through the expectations parents and other members of the community have of young people. When laws, tax rates, and community standards are favorable toward substance abuse, violence or crime, or even when they are unclear, young people are at a higher risk for substance abuse.

One way to measure risky behavior by students is the percent of students who drive cars after they have been drinking or ride in a vehicle with a driver who has been drinking. Studies have shown that while some students will not risk drinking and driving or riding with a drunk driver, the over all percentage of students engaging in this risk behavior has risen from 2003 to 2005. The data below indicates that a percentage of students do not perceive the combination of alcohol and driving to be a great risk to themselves or others.

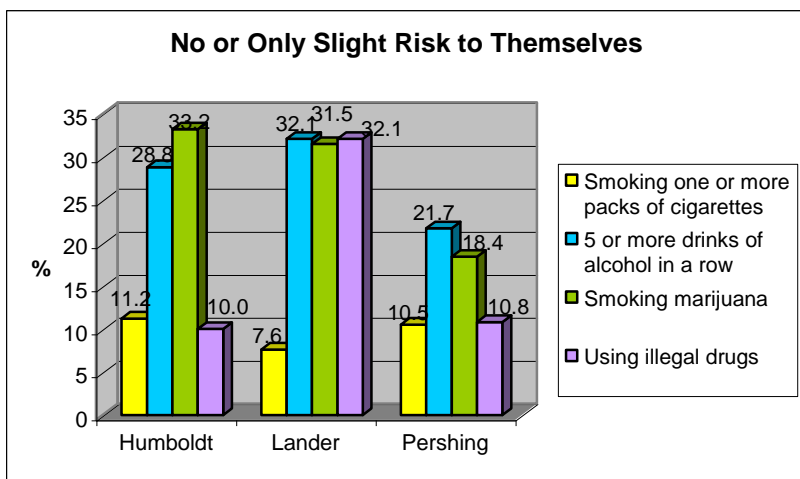


Along with understanding how easy it is for students to obtain alcohol and drugs, it is also necessary to look at the manner in which students obtain these substances. In 2005 students

reported that the most common way to obtain alcohol was through a purchase made by a friend. In addition, students reported that they were also able to obtain alcohol from home with parental approval at a rate of 18.4% for Humboldt County, Lander at 17.2%, and Pershing reporting a much lower rate of 8.1%. Over twenty five percent of students reported having friends purchase alcohol for their use. Pershing County had the highest rate of adult purchases of alcohol for underage youth at 21.0%. The following graph illustrates the results of this data.



One of the concerns in the tri-county area is the existence of favorable attitudes towards problem behavior by students and adults. During elementary school years, children will usually express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs, commit crimes, and drop out of school. In middle school there is a change in attitudes as their peers begin to participate in such activities and their attitudes shift toward a greater acceptance of these behaviors. This acceptance translates to the perception that the problem behavior is not harmful, thus putting youth at a higher risk of problem behavior. Slightly over 30% of youth feel that there is “no” or only a “slight” risk of harming themselves if they smoke marijuana. This percentage is consistent in both Humboldt (33.2%) and Lander County (31.5%).

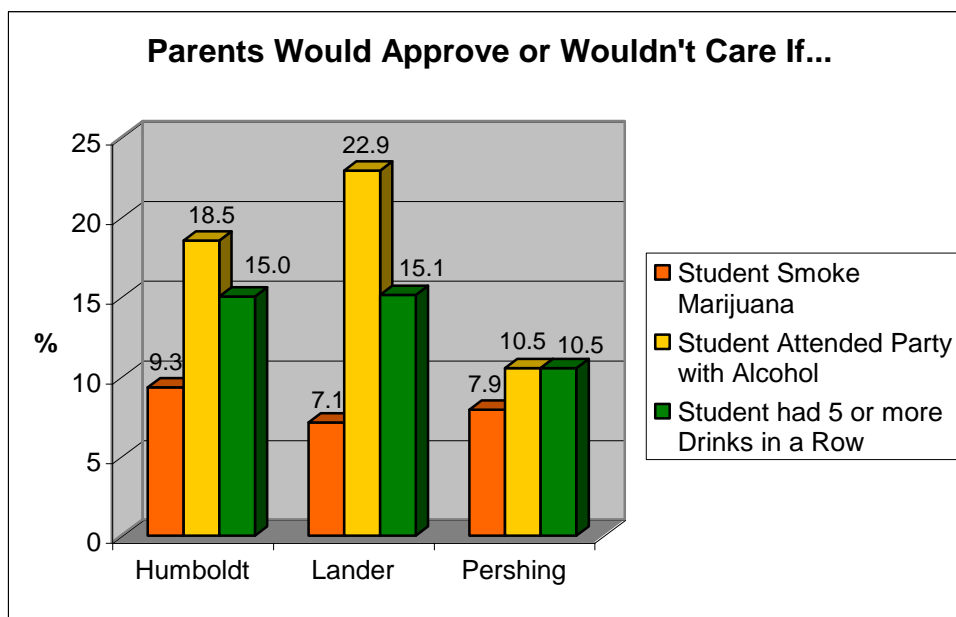


Binge drinking is a risk factor that students perceive as having “no” or only a “slight” risk of harming themselves. Binge drinking is considered as having 5 or more drinks of alcohol in a row. Center for Disease Control and Prevention (2006) reports that about 90% of the alcohol that is consumed by youth under the age of 21 is in the form of binge drinking. The proportion of drinkers that have drunk in the past 30 days report that they

binge drink and the highest rate of binge drinking is among 18 to 20 year olds (52.1%). Binge

drinking not only puts young people at a high risk for alcohol poisoning, it also puts them at risk for unintentional injuries such as car crashes, falls, drowning, and other such injuries. In addition, there is a greater risk for sexual assault, domestic violence, sexually transmitted diseases, and pregnancy. The 2005 YRBS report indicated that 28.8% of Humboldt County students felt that there is “no” or only a “slight” risk of harming themselves if they have 5 or more drinks of alcohol in a row. The rate for Lander was slightly higher at 32.1% and Pershing 21.1%. Favorable attitudes towards the problem behaviors discussed are shown in the accompanying graph.

Parental attitudes and involvement in the problem behavior towards drugs, crime, and violence influence the attitudes and behavior of their children. Children of parents who approve of or excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. Children whose parents engage in violent behavior inside or outside the home are at greater risk for exhibiting violent behavior. In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children’s use, children are more likely to become drug abusers in adolescence. How students perceive their parents’ attitudes can indicate the parental attitudes that are displayed in the home. Students reported that they felt their parents would not care or would approve of them attending a party where alcohol is served (Humboldt 18.5 and 22.9 Lander. Student perceptions of parental approval were reported at lower rates in Pershing County.



The Frontier Community Coalition Board, staff, and community members will continue to use statewide and local data to address the stated priorities within the tri-county area. The use of the data each year will allow the Frontier Community Coalition to measure the effectiveness of programs that address alcohol and drug abuse among 12-21 year olds and drinking and driving among 16 to 25 year olds.

### Target Populations

The Coalition recognizes that the tri-county area must serve a vast geographic area that is isolated by miles of desolate roads. Each county must serve different populations within their community and address the needs of each population. The four broad target populations are the community, family, school, and individuals/peers, with unique subpopulations within those

areas. The assessment identifies target populations and subpopulations that will be used to set priorities for coalition programs and aid in addressing community needs. The Tri-County area does not have an abundance of services for families and youth, and the distance to travel to other communities makes it unrealistic to seek service elsewhere. The following target subpopulations have been identified as those having the greatest need:

- All youth 0-21 years of age
- All parents and community adults
- High risk youth and their families
- Students experiencing underachievement in school
- Youth from high risk family structures
- Youth and Families in isolated geographic areas



## Step #2: Capacity

Building capacity and infrastructure that can be sustained over time within Humboldt, Lander, and Pershing counties is a dynamic process, which demands that tough questions are asked and answered within our communities. Frontier recognizes the challenges of building capacity and sustaining a system of prevention over time. We understand that effective prevention requires community level change and that it requires more than securing funds for individual programs. This section begins to explore and answer the difficult questions and provides valuable insight into our community's prevention efforts while identifying and describing our strengths and gaps.

Effectively serving the vast geographic region that falls within Frontier's boundaries requires an approach that is designed to meet our unique needs. In 2001, Frontier developed the Local Community Committee (LCC) model with one LCC located in each county. Each LCC has operated under the leadership of a local volunteer. This model has allowed the Coalition to grow; and over the years has engaged over 200 community members in the process of developing and implementing effective prevention programs and services.

In 2006, a Coalition Effectiveness Survey was conducted. In response to information received through this survey, the Board made a decision to increase the local presence of the Coalition in each county. Frontier began to explore options for a more effective staffing structure. In the spring of 2007, one Coalition Coordinator per county was hired creating a team of individuals who are responsible for coordinating the overall efforts of the Coalition while meeting the unique needs of each individual community. The staffing structure is designed to enhance the strength of the collaboration while increasing attention to the unique qualities and diversity of the individual communities served.

The Coalition is engaged in a variety of capacity building activities and strategies including:

- Town Hall Meetings
- Local Coalition Committee Meetings
- Community Awareness Presentations
- One-on-One Key Stakeholder meetings
- Collection and analysis of community data
- Community-wide youth and adult surveys
- Staff, community, and partner training events
- Youth Leadership training and events

These strategies and activities are designed to:

- Mobilize community resources
- Engage key stakeholders and service providers in the planning and implementation of sustainable prevention efforts
- Develop cultural responsiveness while building on the existing prevention infrastructure
- Mobilize both financial and organizational resources
- Increase sustainability of outcomes and evaluation capacity
- Develop and expand sustainable partnerships to provide resources and assistance

The range of need in our communities is wide and varied. The challenges and barriers span from language and culture to transportation and accessibility. Limited awareness about the

issues as well as about existing resources with our communities remains a barrier and impedes progress. The following chart highlights existing and needed resources.

Existing		Needed
State Funds – SAPT / SPF SIG	Funding	Adequate funds to address priorities
State Prevention Funds		Funding for sustainability
Local Community In-Kind Support		Funding to maintain current programs
Donations		Increase Collaboration to secure funding
DUI Laws	Laws Policy Norms	Consistent enforcement of laws and policies
		Awareness of healthy community norms
		Community support of law enforcement
Project MAGIC	Organizations, Programs, And People	More involvement in prevention activities
Family Resource Center		Youth Leadership
Center for Mental Health Services		Increase parent participation
PASS		Increase involvement with community leaders
Fork In The Road		Housing programs
Student Success		Increase business community participation
Local School Districts & School Boards		
Law Enforcement Agencies		
Faith-Based Organizations		
Parenting Wisely		
Parents Who Care Program		
6 <sup>th</sup> Judicial Youth & Family Services		
American Red Cross		
Battle Mountain Bugle		
Humboldt Sun		
Lovelock Review Miner		
KWNA Radio Station		
JOIN	Informati on and Referrals	Support for credit deficient students
Newsletters		Support for parents of high-risk youth
Resource Directories		Increase sharing of information
Family Resource Centers		Comprehensive Referral System
Community Health Services		
Juvenile Probation	Equipment and Facilities	Increased availability of existing facilities
Schools		Transportation for families needing services
Family Resource Center		
Parks		
Business establishments		
Churches		



## Step #3: Planning

Planning involves the development of a comprehensive plan that outlines goals, outcomes and strategies that are the basis for a logical, data-driven plan to address the identified priorities. In order to address the identified priorities, gaps in capacity, challenges and barriers, and to serve our communities with the most need, Frontier endeavors to:

- Sustain current evidence based services and programs that are deemed to be effective
- Increase local access to the prevention planning process
- Expand implementation of strategies and activities within each county

The following section outlines Frontier's intended outcomes, intervening variables, and recommended strategies to address the priorities, gaps in capacity, and gaps in services, which have been identified thus far. These will guide the implementation of Frontier's Strategic Prevention Framework and address Frontier's mission by improving access to needed prevention services within each community

### C: Outcomes

- Increased local capacity to address substance use/abuse
- Increased implementation of evidence-based prevention in a culturally relevant manner
- Prevention efforts resulting in changes in intervening factors including:
  - o Knowledge
  - o Attitudes
  - o Perceptions
  - o Norms
- Decrease in substance use/abuse risk behaviors including:
  - o Underage Drinking
  - o Marijuana Use
  - o Methamphetamine Use
  - o Binge Drinking
  - o DUI / Riding with Drunk Driver

### D: Intervening Variables

- Low perceived risk of alcohol and marijuana use
- Easy retail access to alcohol
- Easy social access to alcohol and marijuana
- Social norms accepting and/or encouraging alcohol use
- Promotion of alcohol use
- Low enforcement of alcohol laws
- Academic failure
- Family management problems

### E: Strategies

- Community awareness to increase concern about alcohol and other drug use/abuse
- Social norms strategy to decrease disparity between perceived/actual behaviors & attitudes
- Strengthened local substance abuse prevention infrastructure
- Guidance and support for local implementation of a comprehensive prevention plan
- Academic support systems
- Family support systems





## Step #4: Implementation

While additional resources have been brought to our communities through the collective efforts of Coalition partners, the consumption patterns among youth in our communities did not show a decline in the most recently published (2005) Youth Risk Behavior Survey (YRBS). The rate of consumption in all areas monitored on the YRBS remains higher than the state average in at least two out of three counties. The initial Resource Assessment revealed that the majority of community resources have been focused on strategies that target individuals rather than on the community at large.

Frontier currently supports and collaborates with the following prevention programs:

- Project Magic
- Parents Who Care
- Parenting Wisely
- Student Success
- Nova Net
- Family Resource Centers
- Fork In The Road
- Youth Council / Leadership
- Youth Leadership Camp
- Beverage Server Training
- Compliance Checks

In order to address the wide range of gaps, challenges, and barriers, Frontier will continue to expand the recommended strategies with an increased focus on programs and strategies that involve longer term, potentially permanent changes that have a broader reach (e.g. policies and laws that affect all community members). In order to effectively address the identified priorities within the tri-county area, Frontier will continue to support implementation of a plan that includes but is not limited to the following type of activities:

### F. Activities

- Enforce underage retail sales laws
- Social event monitoring
- Parent support activities & training
- Youth engagement activities & training
- School engagement activities & training
- Media engagement activities & training
- Compliance checks
- Beverage Server Training
- Evidence based prevention strategies & activities

In preparation for sustaining the implementation of effective prevention, Frontier has been engaged in the development of a comprehensive, logical, and data driven plan to address the priorities identified during the planning phase. Implementation involves action, which is guided by the process. Frontier's planning process resulted in a Logic Model focuses on a system for affecting community level change.

Frontier's focus is on a systematic process, not just funding and program implementation decisions. The process includes identification of evidence-based programs, policies, and

practices to address the strategies outlined in the planning section. Having researched and assessed the current alcohol and drug trends in Humboldt, Lander, and Pershing counties, and having established a plan of action to address those trends, Frontier will move forward with implementation of a plan to favorably impact the identified priorities, which is illustrated in the following table:

### Frontier Community Coalition –Community Logic Model

A. Priorities	B. Data Indicators	C. Outcomes	D. Intervening Variables	E. Strategies	F. Activities
Alcohol abuse and other drug use/abuse including: Binge Drinking, Marijuana Use, and Methamphetamine Use  Drinking and driving behaviors including: DUI, and Riding with a drunk driver	Binge Drinking	Increased local capacity to address substance use/abuse	Low perceived risk of alcohol and marijuana use	Community awareness to increase concerns about alcohol and other drug use/abuse	Enforce underage retail sales laws
	Perception of harm/risk				Social event monitoring
	Alcohol outlet density	Increased implementation of evidence-based	Easy retail access to alcohol		Parent support activities & training
	30-Day Use	prevention in a culturally relevant manner	Easy social access to alcohol and marijuana	Social norms strategy to decrease disparity between perceived and actual behaviors or attitudes	Youth engagement activities & training
	Lifetime Use				
	Age of onset	Prevention efforts resulting in changes in intervening factors including: Knowledge Attitudes Perceptions Norms	Social norms accepting and/or encouraging alcohol use	Strengthened local substance abuse prevention infrastructure within each county	School engagement activities & training
	Parental Monitoring		Promotion of alcohol use		Media engagement activities & training
	Adult attitude toward behavior		Low enforcement of alcohol laws		
	DUI Rates			Guidance and support for local implementation of the CCPP	Compliance checks
	Traffic Fatalities			Academic support systems	Beverage Server Training
	School Incident Reports (alcohol and drug use on campus)	Decrease in substance use/abuse risk behaviors including: Underage Drinking Marijuana Use Methamphetamine Use Binge Drinking DUI / Riding with Drunk Driver	Academic failure  Family management problems	Family support systems	Evidence based prevention strategies & activities



## Step #5: Evaluation

Evaluation measures the impact of programs and services of the coalition in meeting the needs of the program participants and the community. The process of evaluation involves collecting, analyzing, and interpreting information about how the coalition implements strategies and activities, and the impact of these programs. In the Frontier Community Coalitions evaluation process, several types of data will be collected. Process data will be collected and will describe the means by which program goals and procedures have been implemented and will provide clear descriptions of how and why the program has reached or failed to reach its target objectives. Implementation data will be collected to provide a basis for understanding program successes and formative needs. This data will answer the following program questions:

- What has been done?
- To what extent has the program functioned as planned?
- What needs have been met?
- What are the resulting outcomes?
- What needs remain?

Outcome data will be collected and describe project results and benefits to the students/families served and to the community. Outcome data will answer the following program questions:

- What was accomplished relative to stated program goals?
- What attitude and behavior changes have occurred in students, their families, and in relationship between various adults who have collaborated around the program?

Process and implementation data will be collected from each program implemented. Outcome data will be collected throughout the program from participants and at the completion of the program. Evaluation methods may include anonymous surveys from participants in the various programs or services for the purpose of collecting feedback data and empowering participants.

Statistical data on the identified risk factors and community conditions in the Tri-County area will be gathered through the use of state and federal reporting, The Community Health Surveys, feedback surveys developed for specific events/programs, and specific local data from community partner agencies and various other sources.

Data will be used to guide the coalition as they implement programs that will address local capacity issues of substance use/abuse, create community awareness regarding alcohol and drug use/abuse, and to educate the community on current risk behaviors.

## COMMUNITY CALL TO ACTION:

Based on the assessed need in the community and the identified priorities, the 2007 Humboldt, Lander, and Pershing Counties CCPP lays out a logical course of action. It cannot be laid on a shelf somewhere to collect dust. Frontier staff, contractors, and volunteers will take the plan to the

- Frontier Board
- Humboldt Local Coalition Committee
- Lander Local Coalition Committee
- Pershing Local Coalition Committee
- Youth Councils

Each group will have the opportunity to review the plan and to choose which areas they would like to have input and on which areas they would like to work on specifically. While the staff will do much of the organizing work of implementing, essentially the community is responsible to perform the work entailed in the plan. This method of disseminating the CCPP and making it a working document will further mobilize the community behind a plan that they generated and with which they continue to interact.

Frontier is dedicated to reducing the impact of substance abuse in Humboldt, Lander, and Pershing Counties by increasing knowledge, awareness, and support for an effective and comprehensive system of prevention. Only with support and commitment from the community can this mission become a reality. Anyone wishing to help us achieve our goals is encouraged to call 775-623-6382 or email [info@frontiercommunity.org](mailto:info@frontiercommunity.org). There are many ways to get involved!

*Thank you for supporting our community!*

Learn more at [www.frontiercommunity.org](http://www.frontiercommunity.org)